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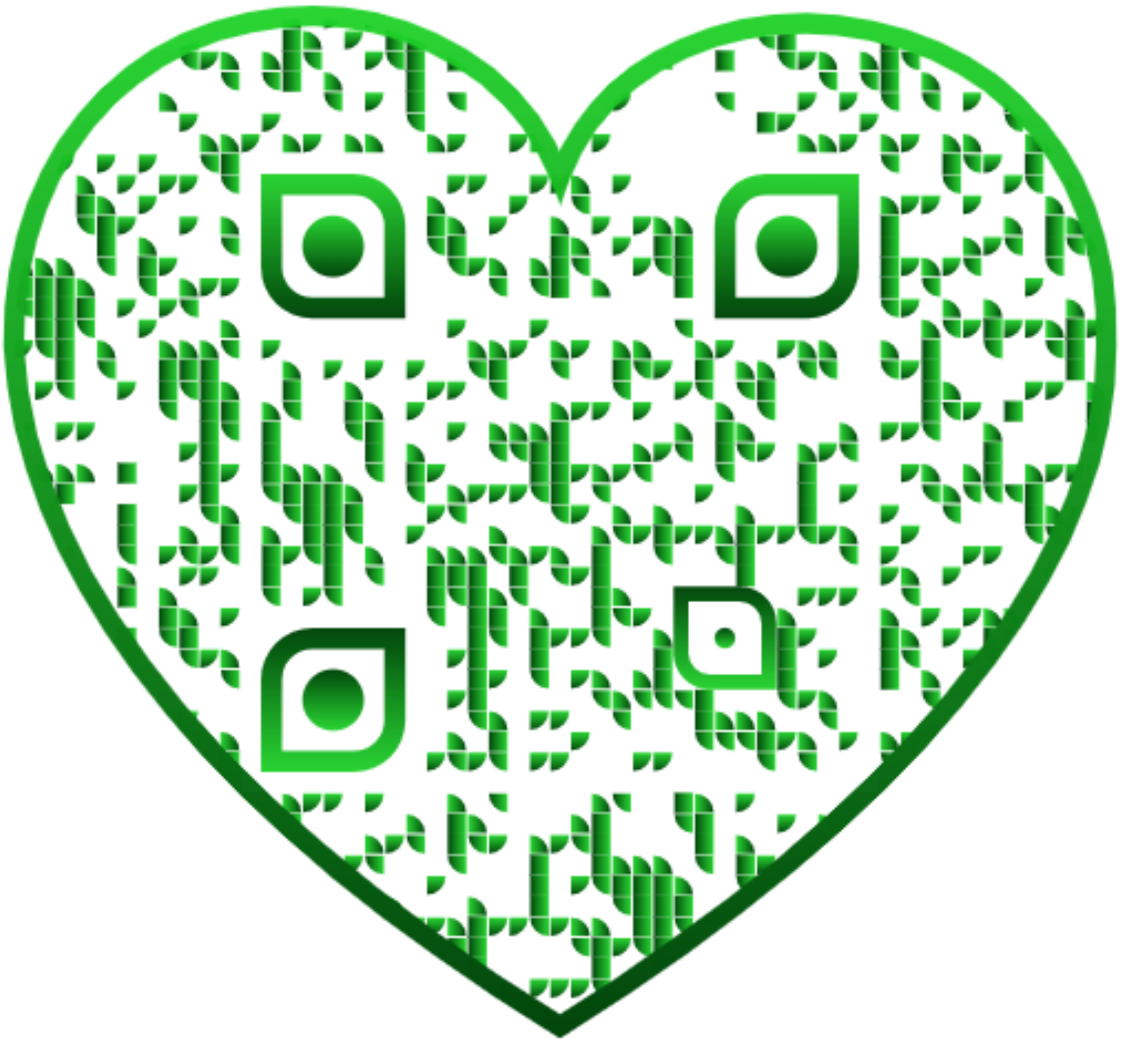

- أسماء الأعضاء:-
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النقص فينا باقي، والكمال بالمشاركة والتعاون.

في حال وجود أي خطأ او تعديل، يرجى ارساله إلى بوت اللجنة العلمية:-

@scientificGroup37Bbot

VIRAL SKIN INFECTIONS

Prepared by :
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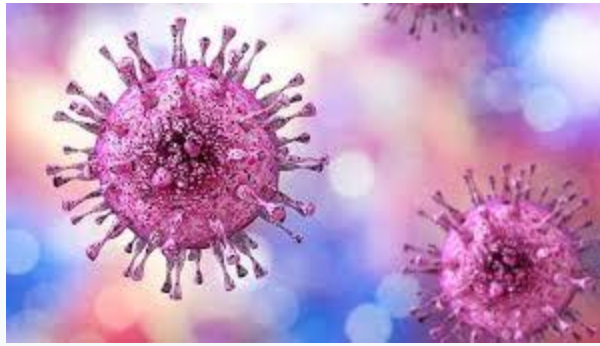
The main viral diseases of the skin

- Herpes simplex
- Chicken pox
- Herpes zoster
- Wart
- Molluscum contagiosum

Herpes simplex



- HSV is a double strand DNA virus
- There are two types of HSV.
- **HSV type 1**,associated with facial or oral infection
- **HSV type 2** , affecting the genitalia
- HSV infection is one of the commonest infections throughout the world .
- HSv1 , infection mainly in children
- HSV2,infection mainly occur after puberty.

Note:

- Primary lesion of herpes vescules contain clear fluid
- Herpes simplex and herpes 2 zoster are associated with each other
- HSV type 1- it often occurs in children
- HSV type 2- it often occurs in adults

Herpes simplex

Modes of infection:

Close contact ,Invade mm or abraded skin

- IP: (2_20days)
- Primary attack asymptomatic in 90% of cases
- Later became latent in sensory ganglion

→ Reactivation. → Reccurance of infection

Precipitating factors

- UVR
- menstruation
- Febrile illness
- Common cold
- Stress
- GIT upset
- Immunosuppression

CP :

Primary: Symptomatic in 10%..Children ,Constitutional symptoms….Enlarged LN

Large vesicles….not grouped……disseminated

Recurrent

Erythematous patch _ grouped _pustules_crsuty vesicles_PIH

Clinical varient

- Herpctic gingivostomatitis.
- Herpetic labialis
- Herpetic whitlow
- Herpetic keratoconjuctivitis
- Neonatal herpes simplex
- Herpes genitalis
- Eczema herpeticum
- Disseminated herpes simplex

Note:

- Herpetic gingivostamatitis-often occurs in children
- Herpetic labialis-occur in lips
- Herpetic whitlow-occurs in children and in health worker
- Herpetic Keratoconjuctivitis—occurs in eyes.

Additional Notes:

- Clinical orientation of herpes simplex:
  - Neonatal herpes simplex can be transmitted to the fetus by normal delivery route of a mother with herpes genitalis
  - In this case cesarean section in safer because neonatal herpes can be lethal
  - Eczema herpeticum HSV on top of chronic skin disease
  - Disseminated herpes simplex in immuno-compromised

Diagnosis

- Direct microscopic examination
- Tzanck smear
- Viral culture it's the most reliable way to make the diagnosis
- Serology
- PCR

Useful in the diagnosis if culture -ve or atypical lesion

Note:
Diagnosis of HSV
-usually clinical
-Tznack smear – to differentiate with herpes zester
-Culture especially in difficult cases

Treatment

- Most cases is self limited
- Topical: antibiotic, antiseptic lotion, acyclovir cream
- Systemic: Acyclovir, valacyclovir
- Antiviral (acyclovir)

Used to shorten the course of the disease prevent dissemination and recurrence,

Note:

Treatment of HSV

-the mother and the caregivers should not be directly in contact with the lesions while treating

Acyclovir in recurrence -100 mg/TDS/5 days

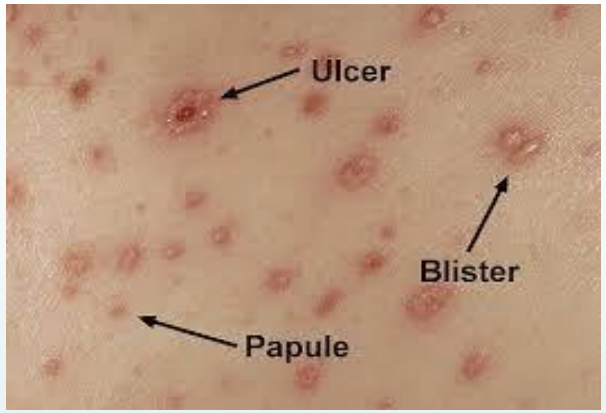
VARICELLA (CHICKEN POX)

- Organism: Varicella zoster (HHV 3)
- IP: 10-20 days
- Mode of infection: Direct contact or droplet
- Usually permanent immunity
- Mainly in children
- Symptomatic in 95% of cases

Note: can have recurrence in immuno-compromised patients.

Clinical picture

- **General**: fever, malaise, headache, enlarged LN
- **Ctanueous:** vesicles – pustules – crustations (polymorphic lesions)
- **Distribution:** Centripetal (mainly on the trunk, face & oral mucosa)



Varicella Complications

- Varicella pneumonia……Fatal
- Neonatal varicella

Note:

- Polymorphic—more than 1 type of lesions, like acne.
- Severe—infection in adults or unvaccinated children.

Treatment

- Treatment is symptomatic
- Antipruritic lotions & anti histamines are given for itching
- Antibiotics for secondary infection
- Acyclovir in Severe cases 20mg/kg

Note:

- Symptomatic patients should never be given NSAIDs like ibuprofen because they increase the ferocity of the virus.
- Acyclovir must be given within the first 72 hours.

HERPS ZOSTER

- Its acute localized viral infection
- characterized by unilateral pain or vesicular rash eruption limited to dermatome innervated by corresponding sensory ganglia.
- **Organism**: Zoster virus (Reactivation of varicella virus)
- **Age group**: Middle aged and elderly
- **Mode of infection**: mostly reactivation of the latent virus in immunosuppressed patients
- **IP**: 2-3 weeks
- **When immunity decrease reactivation to virus occure causing dermatomal pain& skin lesion**

Note:

- First symptom is pain even without rash
- If the mother is infected with the varicella by direct contact with the infected child , she could get herpes zoster.

Herpes Zoster (Shingles)
Varicella-zoster virus
1
2
3
4
5
6
7
Erythematous papules
Pustular/ Hemorrhagic
Crusted/No longer infectious
Dermatomal distribution
(Thoracic/Lumbar most common)
Clinical
• Rash
• Acute neuritis (pain)
Complications
• Postherpetic neuralgia (8%)
• Bacterial skin infection (2%)
• Uveitis/Keratitis (1.5%)
• Motor neuropathy (1%)
• Meningitis (0.5%)
• Zoster oticus (0.2%)

B

Clincal Picture

- prodrome of dermatomal pain (3_5) days.
- then closely grouped vesicles & pustules on erythematous base,
- New lesions continue to appear for a week
- heal in 2 –4 weeks with scar
- The regional L .N. are enlarged &tender
- The eruption mostly unilateral and usually affects one dermatome
- Throacic >50 of cases
- Trigeminal region 10_ 20%, Lambosacral & cervical 10_20%

Dx: clinically mainly

- Confirmed by T zanck test
- Viral culture to rule out HSV infection.

Treatment

- The disease is self limited.,the goal of treatment
- To minimize the pain (analgesic)
- Speeding the healing topical &systemic if 2ry bacterial infection
- Prevention of dissemination
- Acyclovir 800/6hr for 7_10 days

Note: treatment is very strong analgesic

Complication

- Post herpetic neuralgia
- Ramsey hunt syndrome
- Disseminated zoster
- Zoster encephalomyleitis
- Ocular complications
- Secondary bacterial infection & gangrene
- Facial palsy

Note:
Severe pain that requires a nerve block anesthesia, sometimes:
Ramsey hunt syndrome—with ophthalmic HZ, can cause deafness or blindness.
Ocular Complications—like cataract or blindness.

Wart(Verruca)

- It’s a common ,discrete benign epidermal hyperplasia induced by different type of human papilloma virus (HPV)
- Wart are very common infection all over the word.
- Both sexes are equally affected.
- All ages but rate in infancy & common wart in school years.
- The highest incidence of common wart is between the age of (9_16)yrs
- While for genital wart between 20_40yrs
- Wart more common in immunocompromised patients.

Note:

Asymptomatic—HPV has many kinds

Mode of transmission

- Skin to skin contact (major route)
- minor trauma .
- Habitual nail biter
- Children who suck their hand at risk of auto inculation.
- Shaving may spread wart over the beard
- Genital wart is the commonest STD
- **Cause** : wart caused by HVP
- IP: 1_6 months

CP:

- common wart (verruca vulgaris).
- Plane (flat) wart (verruca plane).
- Planter wart (verruca planters)
- Genital wart (condyloma accuminata)
- Filiform wart
- Periungual wart
- Mosaic wart .
- **Dx**
- History & examination
- PCR
- Pap smear (cervical & anal wart).

Note: Plane wart are hard to diagnose.

Source: Usatine RP, Smith MA, Mayeaux EJ, Chumley HS. The Color Atlas of Family Medicine, Second Edition. www.accessmedicine.com
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Treatment

- Depend on No of lesions,sites of wart
- And cosmotic disability.
- Keratolytic
- Chemical cautry
- Retinoic acid
- Cryotherapy
- Electrocautry
- Topical 5 fluorouracil
- Podophyllin 20 %
- Imiquimod 5 %
- Laser therapy

Note:

Many focus on destruction of lesions.
Retinoic acid—can be used in acne
Topical 5 Fluorouracil—can be used in skin cancer.

Mollusum contagiosum

- MC is a self limited Viral skin infection
- ch.ch by skin _colored papules that are often umbilicated, occurring in children & sexually active adults
- Both sexes are equally affected.
- In children occur on exposed skin
- In adult may occur in genital skin .
- IP: 4_8 wks

Note:

Common in public pools or swimming areas.

Clinical picutre

- Lesions is asymptomatic ,pearly while translucent or skin colored papules
- Smooth surface with umblicated center
- Squeezing of lesion will extruded milky white material

Treatment

- Prevention
- Avoid skin to skin contact with infected individuals
- Curettage.
- Cryotherapy
- Elctrodessiciation
- Topical imiquimod (aldara).

Note:
We should focus on children with anal or genital wart or mollusum contagiosum because it could be an indicator of abuse.

Notes on Treatment:
Squeezing the lesion to drain the inside, gloves must be worn to avoid infection.
If the lesions are in the face we can give acne cream.

Molluscum Contagiosum

Umbilicated

Central keratin plug

Poxvirus

Clinical

- Most common in school-age children
- Transmitted by direct contact
- Painless, no systemic symptoms
- Typically affects face, torso, extremities
- Spares the palms and soles

Management

- Resolves spontaneously (no therapy needed)
- Cryotherapy
- Curettage
- Cantharidin
- Podophyllotoxin

Thank
You